

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037181

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 116

DO NOT WRITE
ON THIS STUD

AMENDED

FILED SEP 24 1963

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Polk</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolivar</u> | | c. CITY OR TOWN <u>Wheatland</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1326 West Broadway</u> | | d. STREET ADDRESS (If outside, give location) | |

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|--|----------------------------------|---|--|-------------------------------------|--|
| 3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Clute</u> Last <u>Stover</u> | | | 4. DATE OF DEATH Month <u>Sept</u> Day <u>16</u> Year <u>1963</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OF RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-14-82</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>81</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u> | 11. BIRTHPLACE (City and state or country) <u>Killbuck Ohio</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Archibald Stover</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Potter</u> | 14. NAME OF HUSBAND OR WIFE <u>OMA Stover</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT <u>OMA Stover - Wheatland, Mo</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute heart failure</u> DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour <u>11:50</u> a.m. <u>0</u> p.m. <u>0</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1326 West Broadway</u> | 20f. CITY, TOWN, OR LOCATION <u>Bolivar Mo</u> | COUNTY <u>Hickory</u> STATE <u>Mo</u> |
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| 21. I attended the deceased from <u>9/1/63</u> to <u>9/16/63</u> and last saw her alive on <u>9/13/63</u> Death occurred at <u>11:50</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>D.C. McCraw mss</u> | 22b. ADDRESS <u>Bolivar Mo</u> | 22c. DATE SIGNED <u>9/18/63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>9-19-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Gardner Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Wheatland Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Edna Hatha way - Wheatland, Mo</u> | 25. DATE REC'D BY LOCAL REG. <u>9/18/63</u> | 26. REGISTRAR'S SIGNATURE <u>Ralph Gardner per J.H.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0840
2 0430
3
4 0
5 1
6
7 1
8 0
9 4222
10
11
12 90-0
13 1-0

OCT 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas Gilbert Walshaw

Licensed Embalmer No. 4267

P. O. Address Wheatland, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received Sept. 18, 1963 J.H.